

Name in Full		Laurisa Barnes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	near ^{Town} Burrisville		^{County} Queen Anne		MARYLAND	
	Date of death	1906	Month 11	Day 4	Years 76	Months —	Days —
	Sex	Female		Color or Race	negro		Birth- place
	Occupation	Servant		Where Residing if not at place of death		—	
	Married, Single or Widowed	married		Name of Wife or Husband		Henry Barnes	
	Father's Name	Chas Wright		Father's Birthplace		Maryland	
	Mother's Maiden Name	—		Mother's Birthplace		—	
	Name of person giving In formation	Chas Wright		How related to deceased		Son	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	General Debility			How long	20 years	
	Immediate	Exhaustion			How long	3 days	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
				Robt W. Eddies L.D.			
				Centerville Md			
				Accident or Suicide?			



Name
in
Full

Louis Lacey Beatty

CERTIFICATE OF DEATH

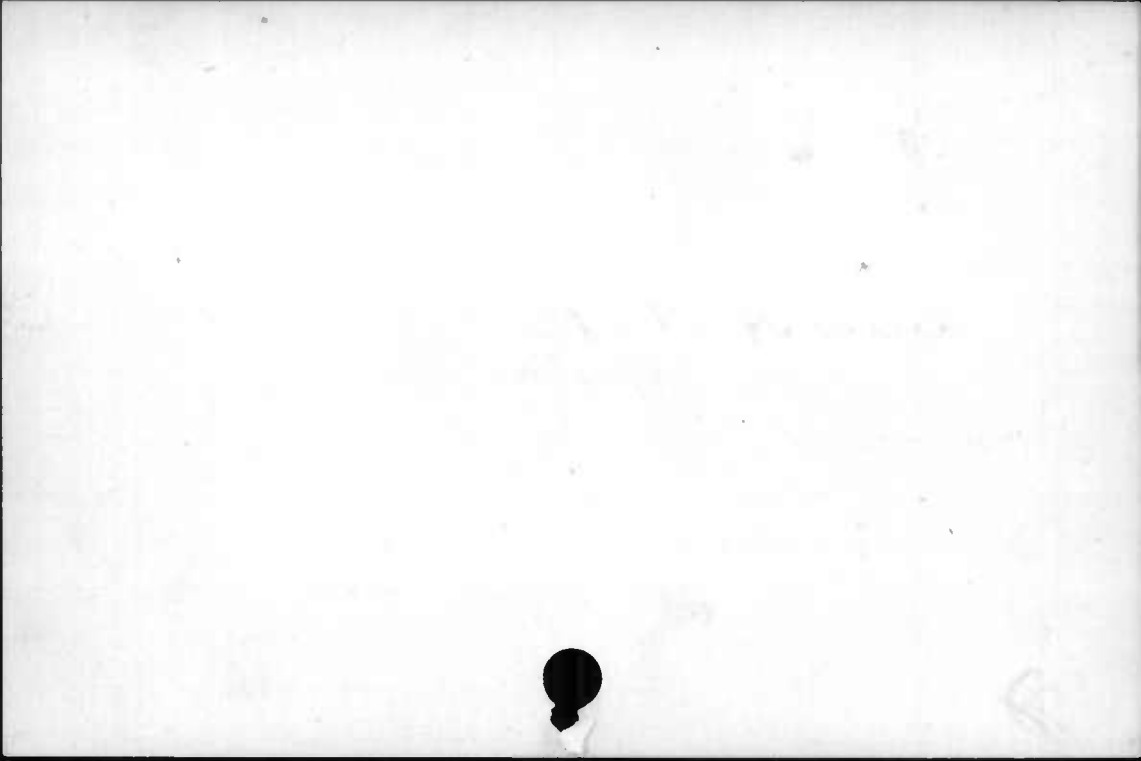
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i>		Town <i>Green Anne</i>		County		MARYLAND	
Date of death	1906	Month	Nov	Day	17	Age	56
						Years	3
						Months	14
Sex		Male		Color or Race		White	
Occupation		Supt. of Public Schools		Where Residing if not at place of death		Place of death	
Married, Single or Widowed		married		Name of Wife or Husband		Mary Sudler (Beatty)	
Father's Name		Louis Hunter Beatty		Father's Birthplace		Delaware	
Mother's Maiden Name		Catherine Amelia Robins		Mother's Birthplace		Maryland	
Name of person giving information		Mrs Maggie Brown		How related to deceased		Cousin	

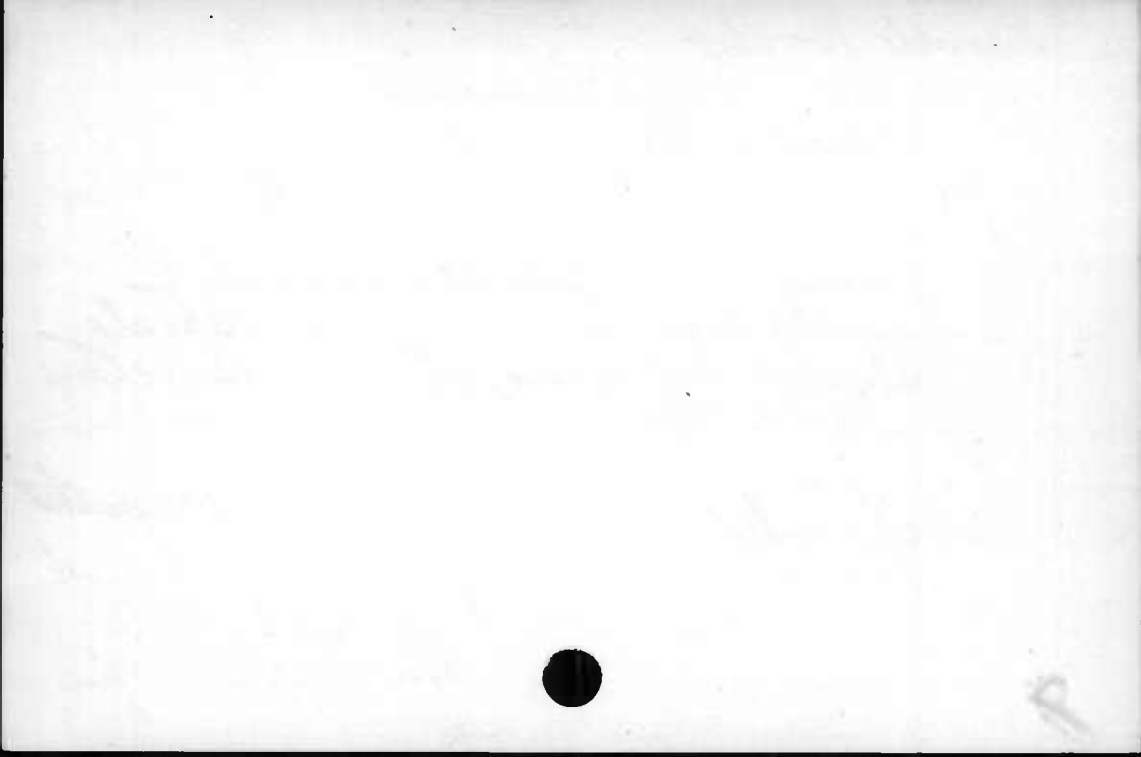
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Diabetes	How long	17 yrs
Immediate	Diabetes coma	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	M. D. O. K. R. A. W. M. D.
		Address	Centerville
Accident or Suicide?	No		Green Anne



Name in Full		Rebecca Ann Blake				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND						
	Hope		Queen Anne										
	Date of death	1906	Month	Nov	Day	17	Age	Years	70	Months		Days	
	Sex	Female		Color or Race	Colored		Birthplace	Church Hill, Md.					
	Occupation	House wife					Where Residing if not at place of death						
	Married, Single or Widowed	Widow		Name of Wife or Husband	John H. Blake								
	Father's Name	Not known					Father's Birthplace	Not known					
Mother's Maiden Name	Not known					Mother's Birthplace	Not known						
Name of person giving information	Joseph H. Blake					How related to deceased	Adopted Son.						
CAUSES OF DEATH													
PHYSICIAN OR CORONER	Primary	Malaria Fever					How long	Six months					
	Immediate	Exhaustion					How long						
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Walter H. Fendly					
	Address						Ruthsburg Md.						
Accident or Suicide?													



Name
in
Full

Daniel Bordley

CERTIFICATE OF DEATH

MARYLAND

Died at Barclay Town

County

Innes Armes

Date

of death 1906 November

Day

2

Years

Age 5-3

Months

11

Days

7

Sex

Male

Color or
Race

Black

Birth-
place

Barclay

Occupation

Home hand

Where Residing if not
at place of death

Barclay

Married, Single
or Widowed

Married

Name of Wife or
Husband

Rebecca Bordley

Father's
Name

Charles Bordley

Father's
Birthplace

Barclay

Mother's
Maiden Name

Elizabeth Goldborough

Mother's
Birthplace

Barclay

Name of person giving
In formation

Addie Miles

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Aephritis

Immediate

Prostration

How long

10 months

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

S. C. Dudley M.D.

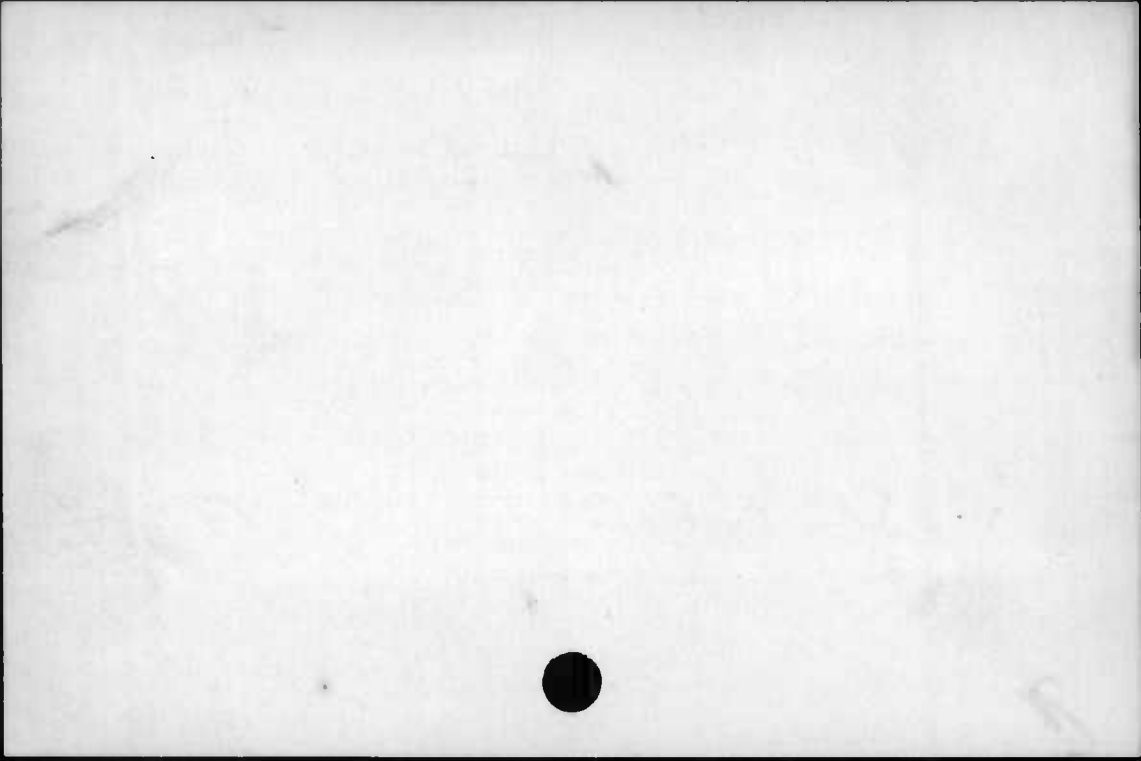
Address

Church Hill Md.

-11

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

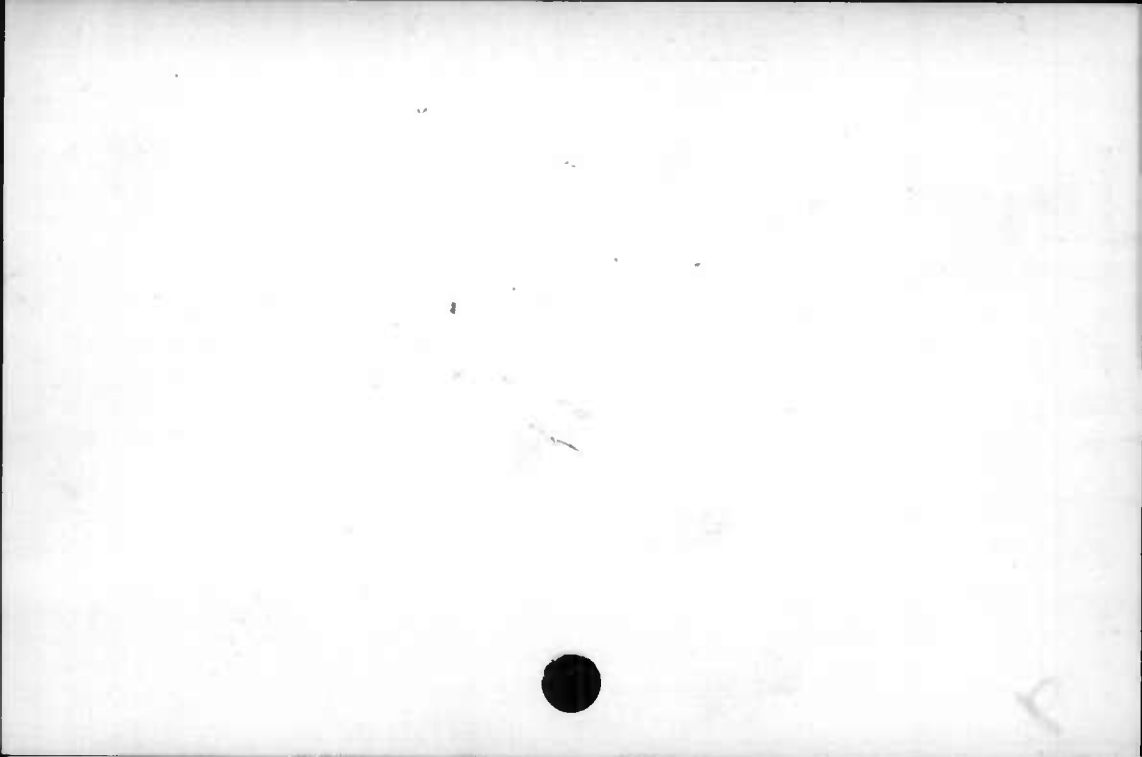
MARYLAND

Died at <u>Mar. Anteburien</u> ^{Town}		<u>John St</u> ^{County}			
Date of death <u>1906</u> ^{Year}		<u>Nov.</u> ^{Month}	<u>25</u> ^{Day}	<u>64</u> ^{Years}	<u>—</u> ^{Months}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Delaware</u>			
Occupation <u>House wife</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, <u>Yes</u>	Name of Wife or Husband <u>H. H. Bryce</u>				
Father's Name <u>A. Clark</u>	Father's Birthplace <u>Del</u>				
Mother's Maiden Name <u>Anderson</u>	Mother's Birthplace <u>Woodstock</u>				
Name of person giving information <u>W. H. Bryce</u>	How related to deceased <u>Husband</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Diabetes</u>	How long <u>17 yrs</u>
Immediate <u>Exhaustion</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>James H. Lee MD</u>
	Address <u>Cecilville Md</u>
Accident or Suicide? <u>no</u>	<u>James H. Lee</u>



Name
in
Full

Still Born, Chum

CERTIFICATE OF DEATH

MARYLAND

Died at Laurens Co. TownLa. CountyDate
of death 1906Month
Nov.Day
25.

Age

Years
—Months
—Days
—

Sex

FemaleColor or
RaceWhiteBirth-
placeLa. Co

Occupation

noneWhere Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameThomas H. ChapmanFather's
BirthplaceInd.Mother's
Maiden NameAnnie Pearl ChapmanMother's
BirthplaceMich. Co. Tenn.Name of person giving
informationAnnie Pearl ChapmanHow related
to deceasedmother

CAUSES OF DEATH

Primary

Still Born

How long

Immediate

How long

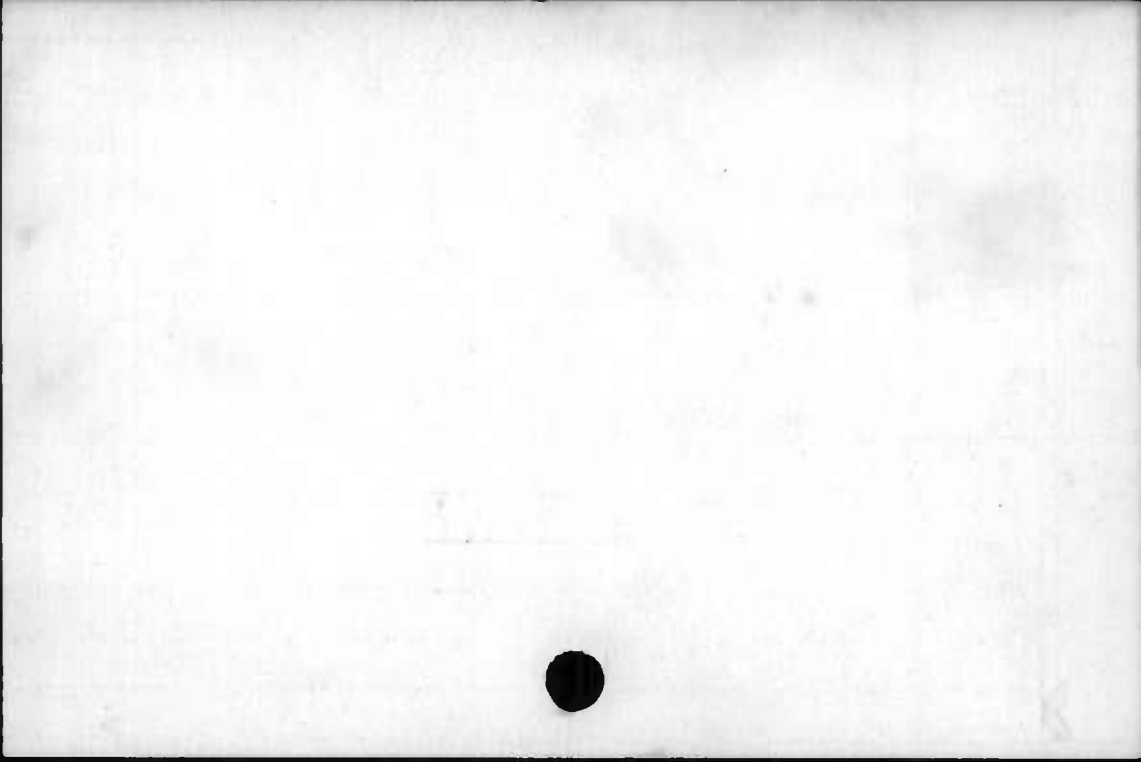
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

G. H. Haland M.D.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Jesse B. Baccary

CERTIFICATE OF DEATH

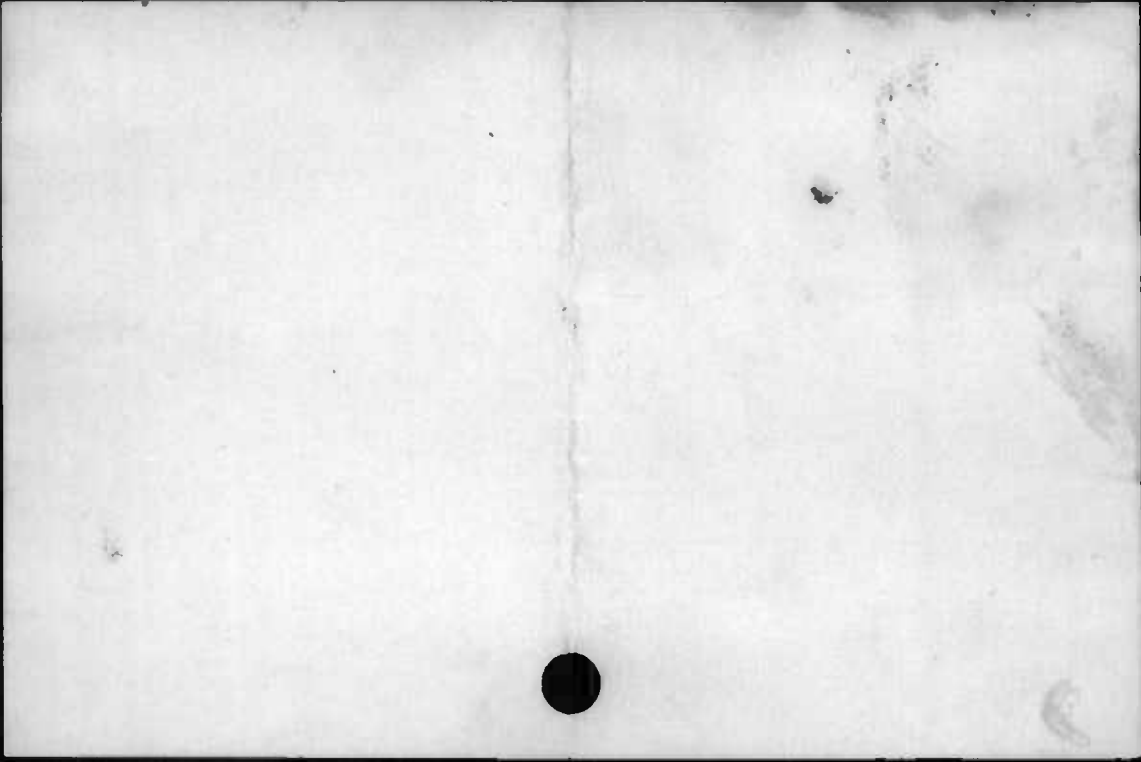
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Centerville</i>		County <i>Tanen County</i>		MARYLAND	
Date of death	1906	Month	11	Day	6
Age	89	Years		Months	3
Sex	Male	Color or Race	White	Birth-place	West Liberty
Occupation	Farming	Where Residing if not at place of death	Place of death		
Married, Single or Widowed	Widowed	Name of Wife or Husband			
Father's Name	Jm Baccary	Father's Birthplace	Maryland		
Mother's Maiden Name	Smt Knapp	Mother's Birthplace	Smt Knapp		
Name of person giving information	Henry B Lewis	How related to deceased	Great Nephew		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Arterio-sclerosis	How long	2 or 3 yrs
Immediate	Cerebral Hemorrhage	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yrs	Signature of Physician	<i>Montrose M. S.</i>
		Address	<i>Centerville Tanen County Md</i>
Accident or Suicide?	No		



Name
in
Full

Mrs Anna Evans

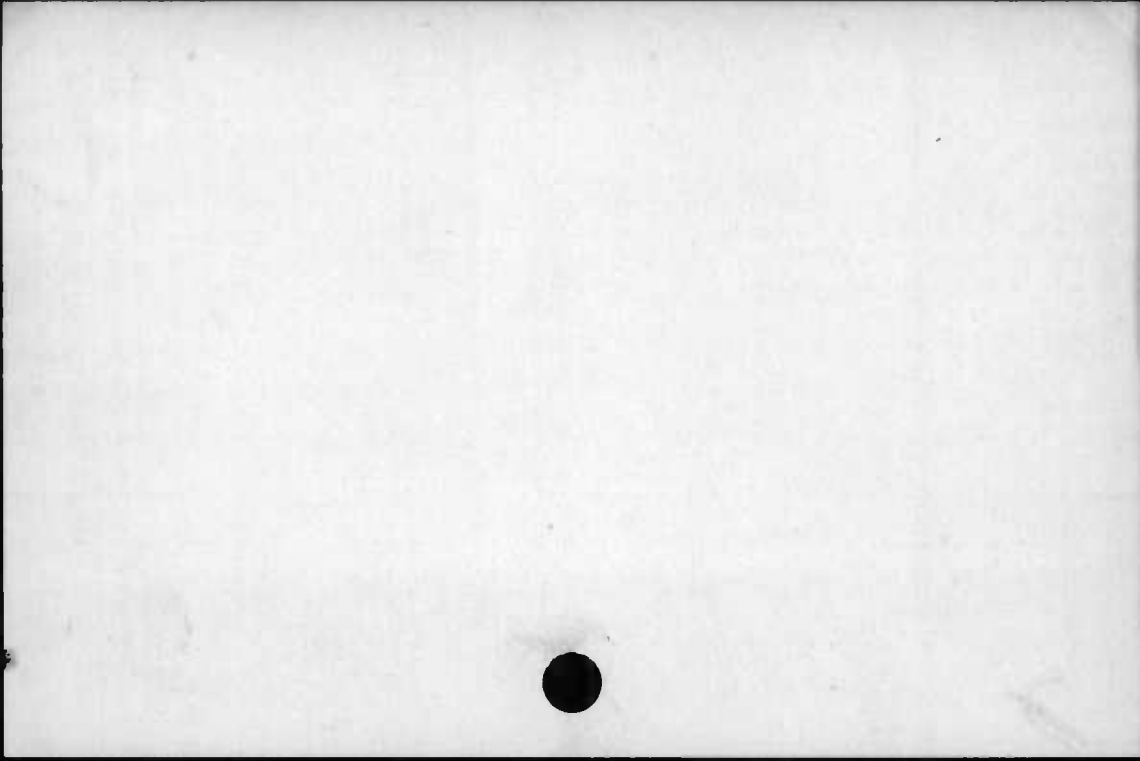
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Sudlersville		County D. A.		MARYLAND	
Date of death		1906	Month Nov.	Day 12	Years 85	Months 3	Days 13
Sex Female		Color or Race white		Birth- place Delaware			
Occupation Boardinghouse		Where Residing if not at place of death Sudlersville					
Married, Single or Widowed Widow		Name of Wife or Husband H. B. Evans					
Father's Name J. R. Griffin		Father's Birthplace Delaware					
Mother's Maiden Name Susan Rees		Mother's Birthplace Delaware					
Name of person giving information Clara Evans		How related to deceased					

CAUSES OF DEATH

Primary	Tuberculosis of Lungs	How long	20 years or more
Immediate	Exhaustion and debility	How long	3 or 4 years
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Walter Sudler	
		Address Sudlersville Md.	
Accident or Suicide?			





Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ralphs</i> Town		<i>Queen Anne's</i> County		MARYLAND	
Date of death	1906	Month	<i>Nov</i>	Day	<i>15</i>
		Years	<i>27</i>	Months	<i>13</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ralphs</i>
Occupation	<i>Boomer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>John H. Evans</i>			Father's Birthplace	<i>Queen Anne's Co</i>
Mother's Maiden Name	<i>Sallie Ralph</i>			Mother's Birthplace	<i>Queen Anne's Co</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

Primary	<i>Pneumonia</i>	How long	<i>14 Mths</i>
Immediate	<i>Exhaustion</i>	How long	<i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. S. Dudley</i>		
	Address 		
 Accident or Suicide?			



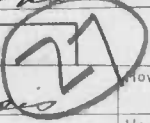
Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maggie Nalia Gibbs</i>		Town <i>New Hayden</i>		County <i>Queen Anne's</i>		State <i>MARYLAND</i>	
Died <i>1906</i>		Month <i>Nov</i>		Day <i>12</i>		Years <i>2</i>	
Date of death <i>1906 Nov 12</i>		Age <i>2</i>		Months <i>4</i>		Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Ind</i>			
Occupation				Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Samuel J. Gibbs</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Ellenore V. Wright</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Samuel J. Gibbs</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis*  How long *6 months*Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

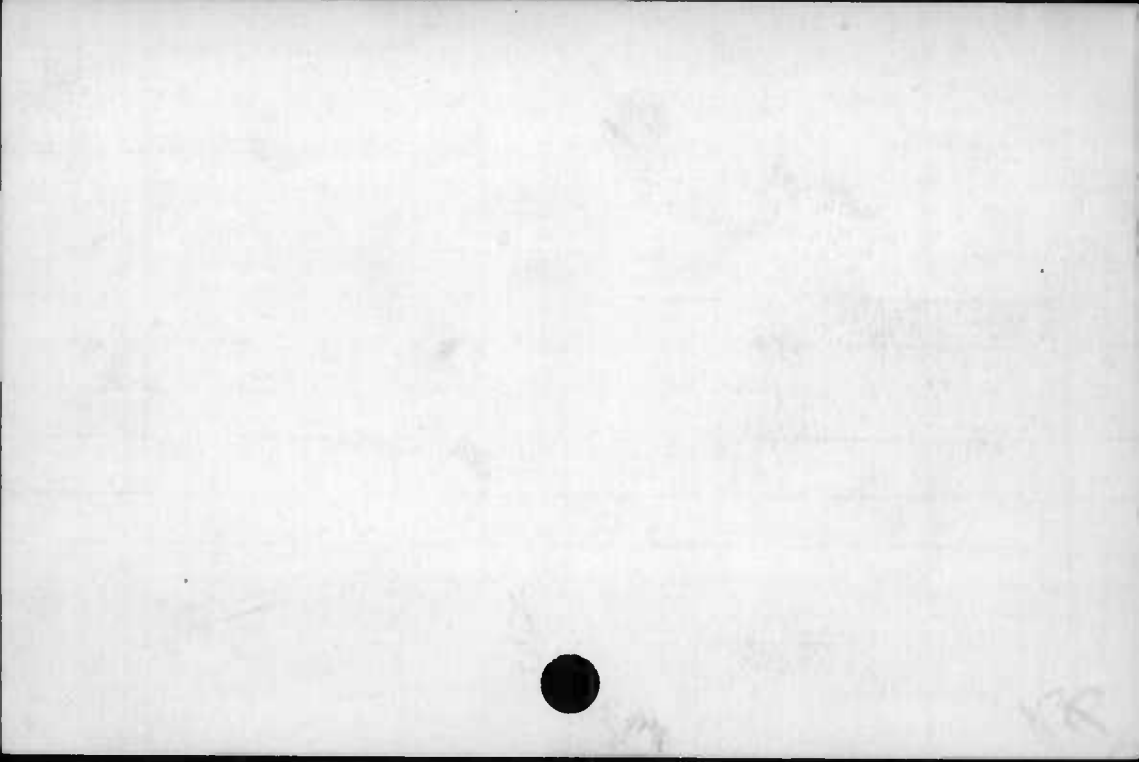
Yes

Signature of Physician

Address

H. G. Coppage
*Church Hill**Ind**I have not seen this child for 5 months, the information is from the father!*

Accident or Suicide?



Name
in
Full

Mrs Sarah Jones

CERTIFICATE OF DEATH

Died at near Sudlersville Town County Queen Anne

MARYLAND

Date of death 1906 Month 11 Day 13 Age 94 Years Months Days

Sex Female Color or Race White Birthplace Md

Occupation none Where Residing If not at place of death at home

Married, Single or Widowed Widow Name of Wife or Husband Moses Jones

Father's Name Oscar Father's Birthplace Unknown

Mother's Maiden Name Unknown Mother's Birthplace Unknown

Name of person giving information Clarence Bradley How related to deceased not related

CAUSES OF DEATH

Primary Tuberculosis of Lungs How long Quite awhile

Immediate Exhaustion and Debility How long Several years

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

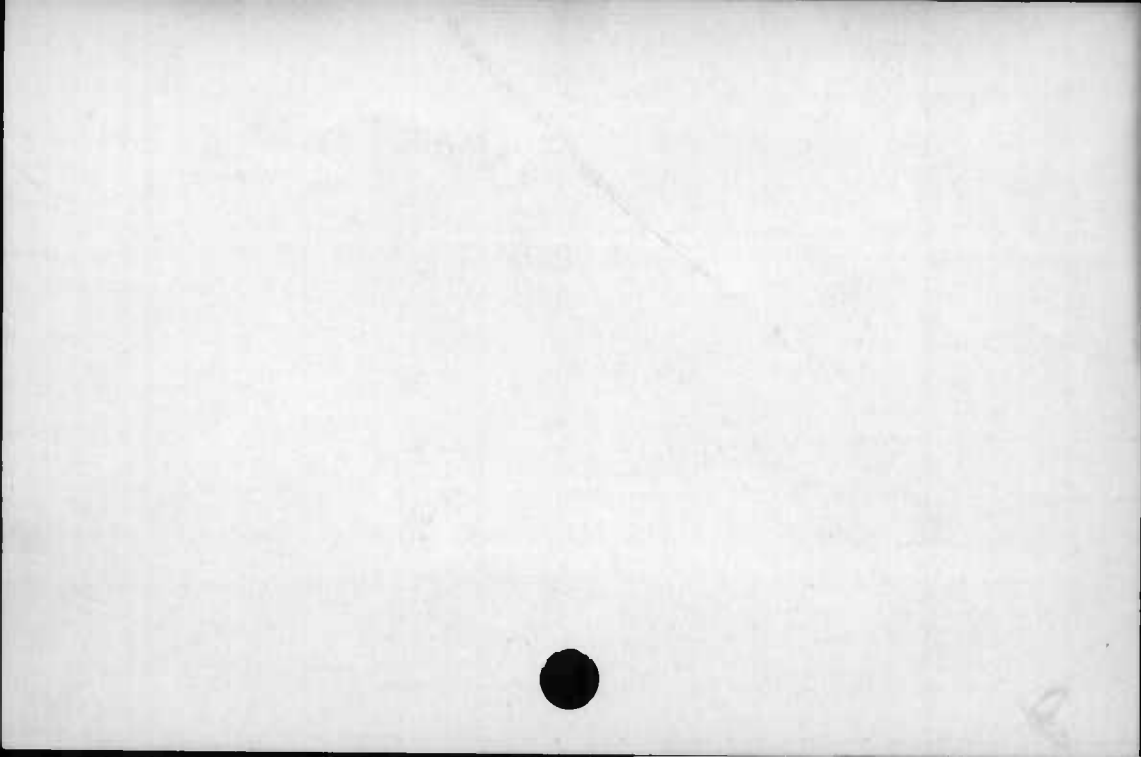
Address

Yes

Moses Jones
Sudlersville Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Pearl Kucubles

CERTIFICATE OF DEATH

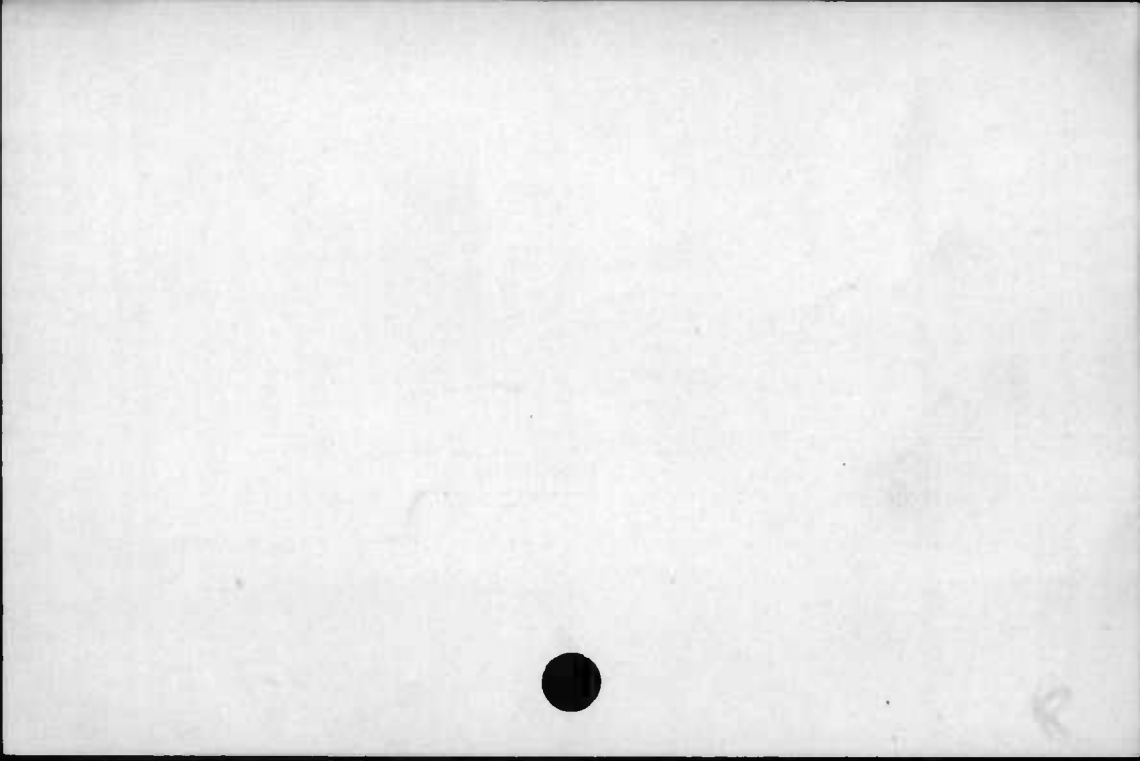
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Centerville</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>11</i>	Day <i>24</i>	Years <i>1</i>	Months <i>8</i>	Days <i>16</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth place <i>near Centerville Md</i>		
Occupation <i>sewing</i>		Where Residing if not at place of death		Place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Stephen Kucubles Jr</i>	Father's Birthplace <i>Queen Anne Co</i>				
Mother's Maiden Name <i>Maggie Cahall</i>	Mother's Birthplace <i>Queen Anne Co</i>				
Name of person giving information <i>Stephen Kucubles Jr</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Hydrocephalus</i>	How long <i>20 months</i>
Immediate <i>Cerebral Compression</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. J. ...</i>
	Address <i>Centerville</i>
Accident or Suicide? <i>no</i>	<i>Queen Anne Co, Md</i>



Name
in
Full

Anor Nickerson

CERTIFICATE OF DEATH

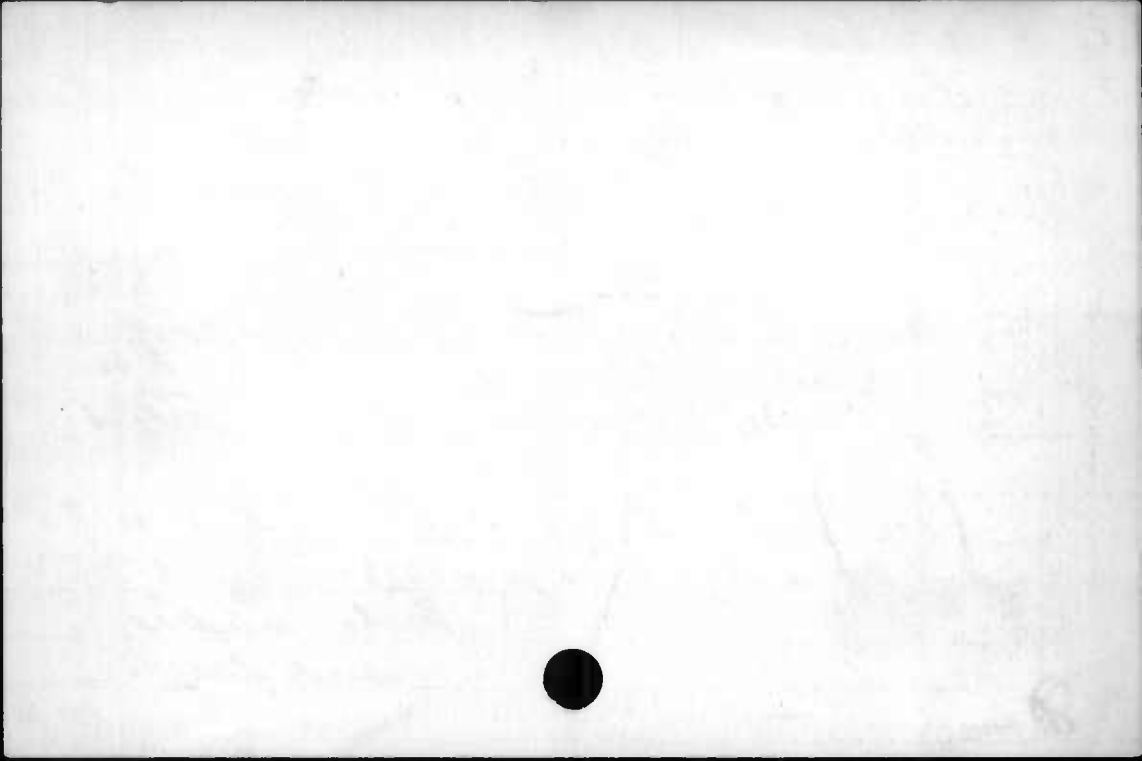
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Neas Millington</u>		Town <u>Queen Anne</u>		County		MARYLAND	
Date of death	1906	Month	Nov	Day	5	Years	35
Sex	Female	Color or Race	White	Birth-place	Delaware		
Occupation	Housewife		Where Residing If not at place of death				
Married, Single or Widowed	Married	Name of Wife Husband	Frank Nickerson				
Father's Name	Jackson			Father's Birthplace	Delaware		
Mother's Maiden Name	unknown			Mother's Birthplace	Delaware		
Name of person giving information	Charles Nickerson			How related to deceased	Brother-in-law		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Septicaemia</u>	How long	<u>10 days</u>
Immediate	<u>Cardiac failure</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. P. Gorman M.D.	
Address		Millington Md	
Accident or Suicide?			



Name
in
Full

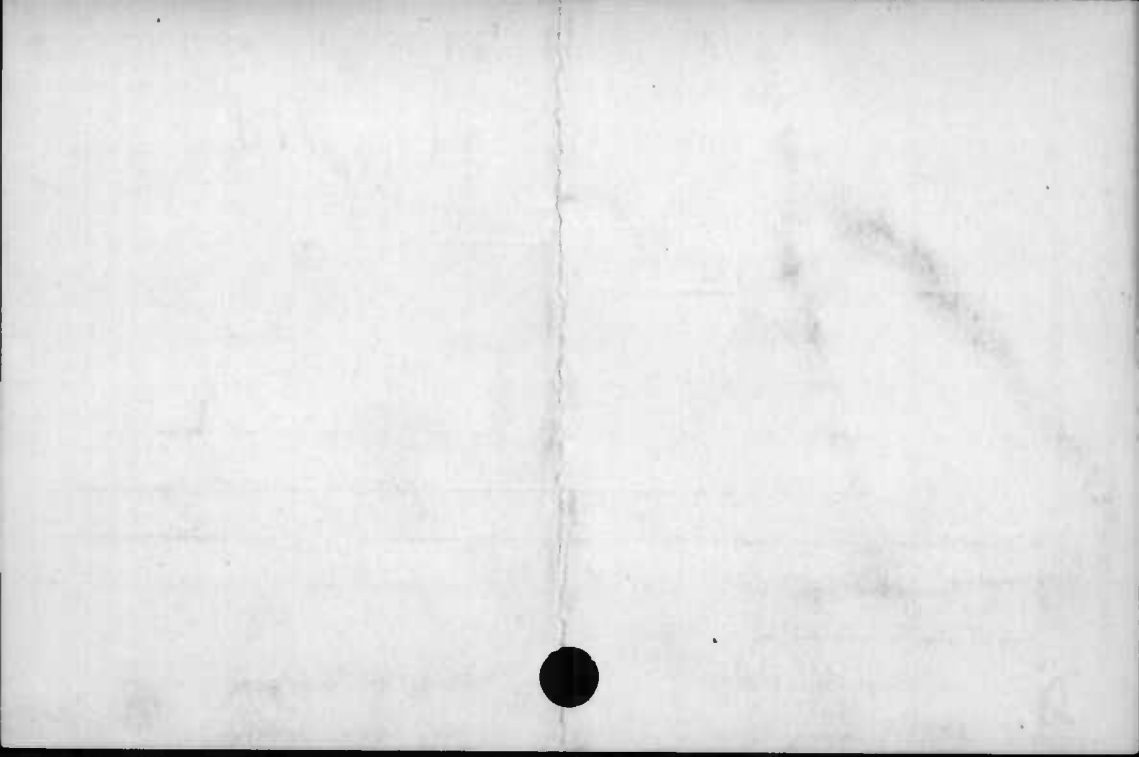
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Wash Crumpton</i> Town		<i>Furn Anne</i> County		MARYLAND							
Date of death	1906	Month	11	Day	14	Years	11	Months	11	Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birthplace	<i>Maryland</i>				
Occupation	<i></i>					Where Residing if not at place of death	<i></i>				
Married, Single or Widowed	<i></i>		Name of Wife or Husband	<i></i>							
Father's Name	<i>Noah C Pinder</i>						Father's Birthplace	<i>Maryland</i>			
Mother's Maiden Name	<i>Rebecca Shinner</i>						Mother's Birthplace	<i>"</i>			
Name of person giving information	<i>Noah C Pinder</i>						How related to deceased	<i>Father</i>			

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>Two weeks</i>
Immediate	<i>Heart, High fever 107.5</i>	How long	<i>Short time</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Walter Sudler</i>
<i>Yes</i>		Address	<i>Sudlersville Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

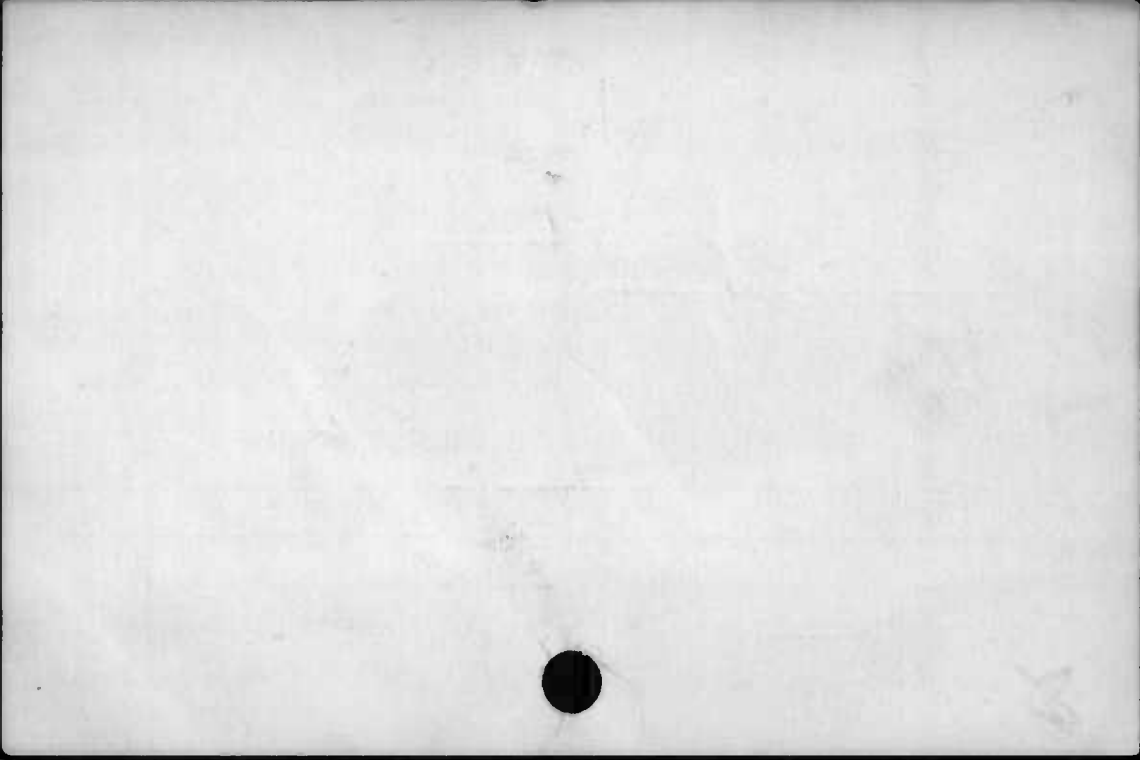
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Bryantown</i>		Town <i>Queen Anne</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death	1906	Month	Nov.	Day	12	Age	—
Sex	male		Color or Race	white		Birthplace	<i>near Bryantown Queen Anne Co. Md.</i>
Occupation	—			Where Residing if not at place of death —			
Married, Single or Widowed	Single		Name of Wife or Husband —				
Father's Name	<i> Rufus E. Radcliffe</i>					Father's Birthplace	<i>Queen Anne Co. Md.</i>
Mother's Maiden Name	<i>Dora A. Penshaw</i>					Mother's Birthplace	<i>Dorchester Co. Md.</i>
Name of person giving information	<i>Father</i>					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>Since birth</i>
Immediate	<i>Heart failure from gastric distension.</i>	How long	<i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Rowland N. Ford</i>
		Address	<i>Queenstown, Md.</i>
Accident or Suicide?			



Name in Full		Elizabeth Skinner				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Ingleside	County 2. times		MARYLAND	
		Date of death		1906	Month 11	Day 23	Age 76	Months Days
		Sex		Female		Color or Race White		Birth-place
		Occupation				Where Residing if not at place of death		
		Married, Single or Widowed		Name of Wife or Husband Hordecai Skinner				
		Father's Name Do not know				Father's Birthplace		
		Mother's Maiden Name Do not know				Mother's Birthplace		
PHYSICIAN OR CORONER		Name of person giving information Benj. Taylor				How related to deceased son in law		
		CAUSES OF DEATH						
X		Primary				How long		
		Immediate Old Age				How long about a week		
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Jas. Graham M.D.		
						Address		
		Accident or Suicide?						



2

Name

In Full

Pearl Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chester town</i>		Town <i>near</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Nov</i>	Day <i>9</i>	Age <i>5</i>	Years	Months <i>10</i>	Days <i>8</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>near Chester town</i>				
Occupation <i>Unemployed</i>	Where Residing if not at place of death <i>at home -</i>						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name <i>J. Thos. Smith</i>	Father's Birthplace <i>Queen Anne's</i>						
Mother's Maiden Name <i>Rosa Hall</i>	Mother's Birthplace <i>Queen Anne's</i>						
Name of person giving information <i>J. Thos. Smith.</i>	How related to deceased <i>Father.</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Membranous leucop</i>	How long <i>36 hours</i>
Immediate <i>Membranous leucop</i>	How long <i>36 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. Bunge Simmons</i>
	Address <i>Chester town Md</i>
Accident or Suicide? <i>No,</i>	



Name
in
Full

George Sudler

CERTIFICATE OF DEATH

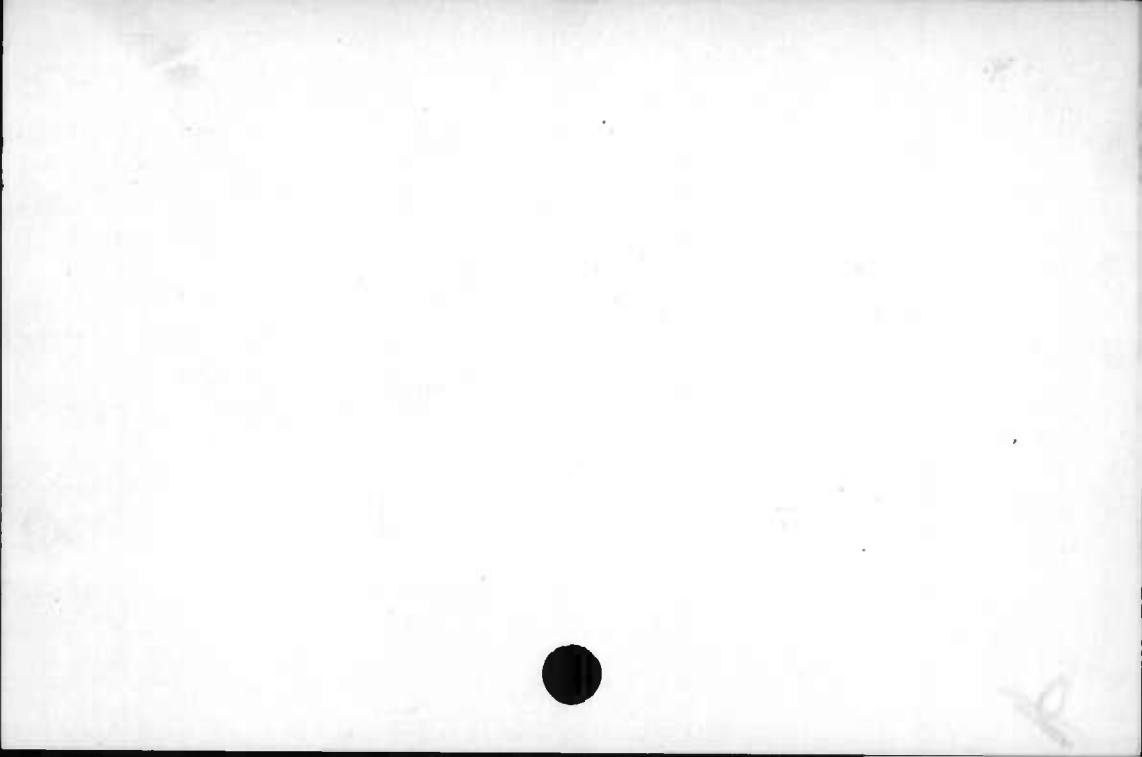
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Nov	10		38		
Sex	Male			Color or Race	Colored		
Occupation	Laborer			Where Residing if not at place of death		Birthplace	
Married, Single or Widowed		Single		Name of Wife or Husband		Queen Anne Co, Md.	
Father's Name		not known				Father's Birthplace	
Mother's Maiden Name		not known				Mother's Birthplace	
Name of person giving information		Clem Porter				How related to deceased	
						None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	} Heart Failure	179	How long	} Instantaneous
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Walter H. Fenby,	
			Address	
			Ruthsburg	
			Md.	
Accident or Suicide?				



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Harriet Snyder* Town *Burclay* County *2, A.* Maryland

Died at *Leav* Date of death *1906* Month *Nov.* Day *8* Age *7* Years Months Days

Sex *Female* Color or Race *Black* Birth-place *Ad*

Occupation _____ Where Residing if not at place of death _____

Married, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

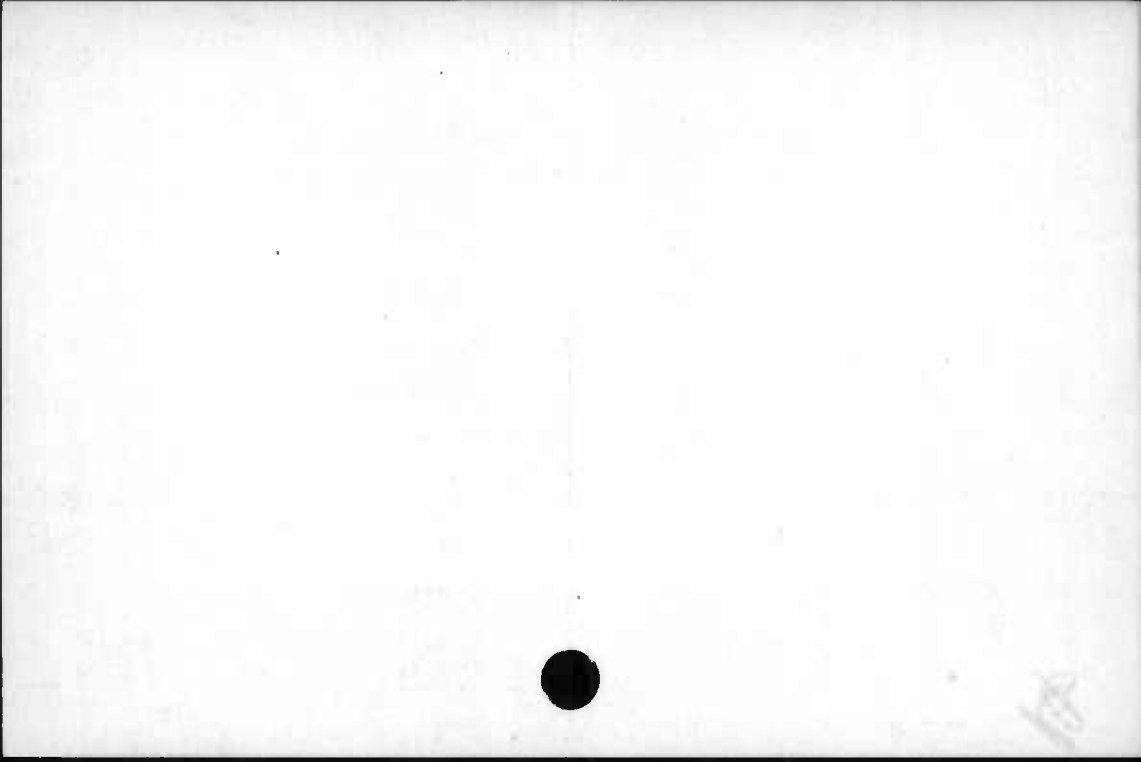
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Marion N. Jammer

CERTIFICATE OF DEATH

Town

County

Died at

Stevensville

Q. A.

MARYLAND

Date

of death 1906

Month

Nov

Day

23

Age

Years

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Kent Island Md.

Occupation

Infant

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Marion N. Jammer

Father's
Birthplace

Md.

Mother's
Maiden Name

Mary Carter

Mother's
Birthplace

Md.

Name of person giving
In formation

Marion N. Jammer

How related
to deceased

Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

How long

Immediate

Inanition & Exhaustion

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

yes

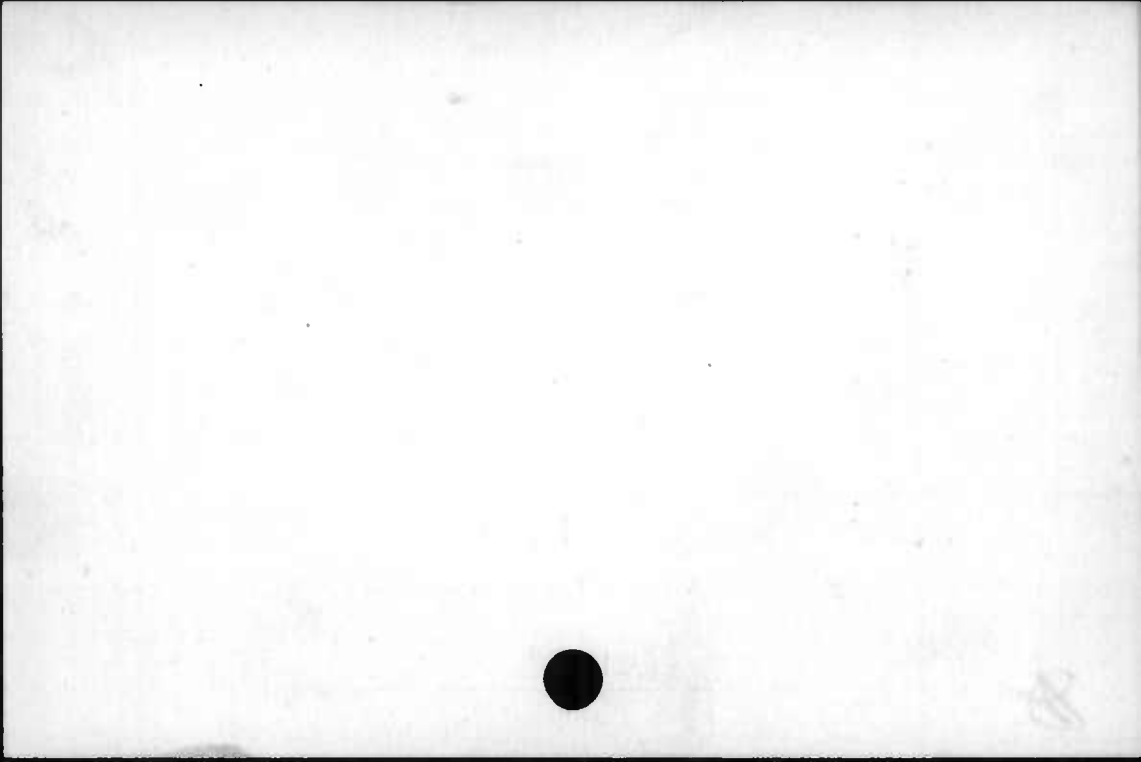
Signature of
Physician

Address

Percy Kemp
Stevensville, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

William Beuney Tolson Jr.

CERTIFICATE OF DEATH

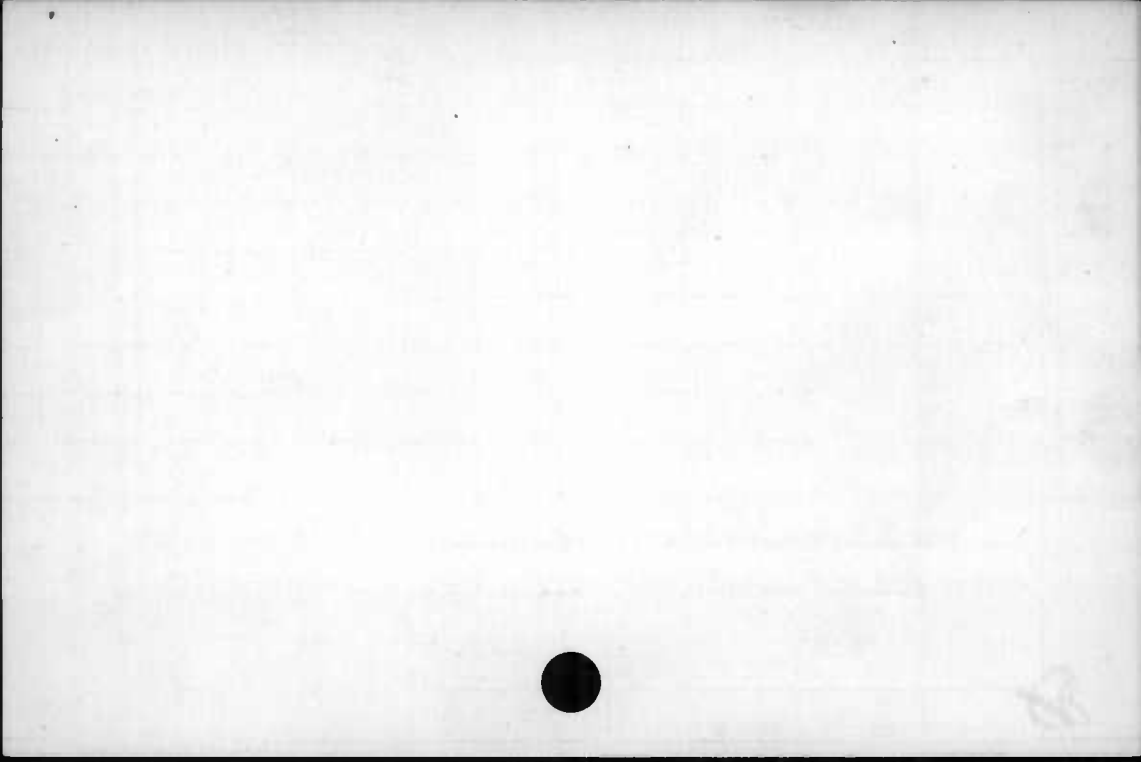
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <u>Stevensville</u> ^{County} <u>Queen Anne's</u>		MARYLAND	
Date of death 190 <u>6</u> ^{Month} <u>Nov.</u> ^{Day} <u>25th</u>	Age ^{Years} <u>2</u> ^{Months} <u>3</u> ^{Days}		
Sex <u>Male</u>	Color or Race <u>Caucasian</u>	Birth-place <u>Kent Is.</u>	
Married, Single or Widowed <u>—</u>		Occupation <u>—</u>	
Name of Wife or Husband <u>—</u>			
Father's Name <u>William D. Tolson</u>		Father's Birthplace <u>Kent Is.</u>	
Mother's Maiden Name <u>Margaret Basille</u>		Mother's Birthplace <u>Kent Is.</u>	
Name of person giving information <u>Tolson Basille</u>		How related to deceased <u>Uncle</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Acute bacterial Laryngitis</u>	How long <u>4 days</u>
Immediate <u>Convulsions with pulmonary congestion</u>	How long <u>1 hr.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. Chas. E. Snyder</u>
	Address <u>Stevensville Md.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Angelina Weaver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Centerville ^{County} Sumner Ann

Date of death 1906 11 24 Age 76 Months 10 Days

Sex Female Color or Race American Birthplace Ind

Occupation Lady Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Thos. Weaver

Father's Name John Percouette Father's Birthplace Ind

Mother's Maiden Name Mary Mansfield Mother's Birthplace Ind

Name of person giving information Miss Katie Weaver How related to deceased Daughter

CAUSES OF DEATH

Primary Intercolousia

Immediate Asthenia

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

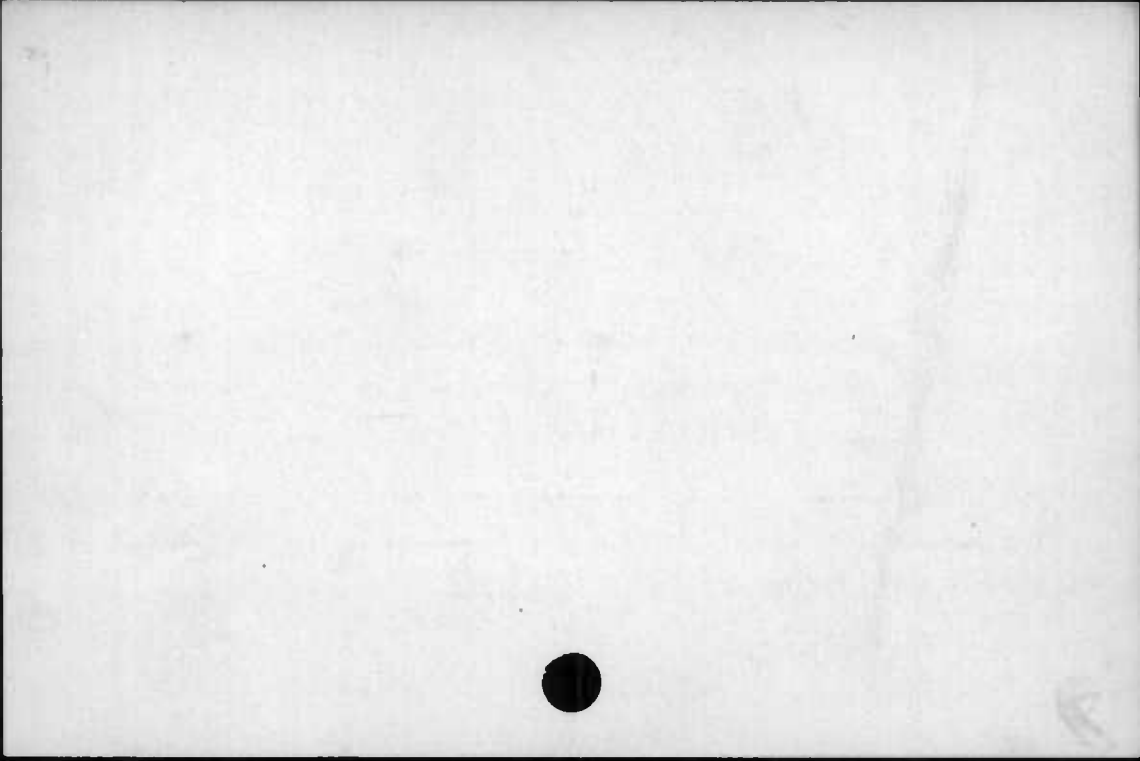
How long Many years

How long about a year

J. B. Bradley M.D.
Centerville, Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stevensville</i> <small>Town</small>		<i>Queen Anne's</i> <small>County</small>		MARYLAND		
Date of death <i>1906</i> <small>Year</small>		<i>Nov</i> <small>Month</small>	<i>12</i> <small>Day</small>	<i>33</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Kent Island</i>				
Occupation <i>Farm & systeming</i>	Where Residing if not at place of death					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband					
Father's Name <i>John T. Hicks</i>	Father's Birthplace					
Mother's Maiden Name <i>Clarissa Clayton</i>	Mother's Birthplace					
Name of person giving information <i>Robert Hicks</i>	How related to deceased <i>Brother</i>					

CAUSES OF DEATH

Primary <i>Tuberculosis</i>	How long <i>2 or 3 years</i>
Immediate	How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

W. G. Henry
Stevensville
MD

Accident or Suicide?

